FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN OF STATE Sandra B Mortlam Secretary of State DIVISION OF CORPORATIONS

1996

OCUMENT # 5886 GEORGE E. BYERS, JR., M.D	` '			
inopal Place of Business	Mailing Address			I FOLL CLIERE OLDNE OLDNE OSOLI ELDAF IODE
7211 N W 20TH PLACE GAINESVILLE FL 32605	7211 N W 20TH PL GAINESVILLE FL 3			
				Date of Last Report
	To the state of th		09/29/1978 4. FEI Number	01/19/1995
Principal Place of Business	2a. Mailing Address		59-1850423	Applied For Not Applicable
Suite Apt. #, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
Ca . 9 Cont.	27 Ct. 8 Ctolo			Fee Required
Oity & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Z(p)	Country	8. This corporation has liability for intangi	ble tax under s 199.032,
25	[29]	[30]	Florida Statutes Yes	
9. Name and Address of Cu	rrent Hegistered Agent	81 Name	10. Name and Address of New Registe	ored Agent
BYERS, GEORGE E JR MD		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
7211 N W 20TH PLACE			garess (F.O. Dox Hamber is Not Acceptable)	
GAINESVILLE FL 32605		83		
		84 City		F1 85 Zip Code
PST BYERS, GEORGE E JR 7211 NW 20TH PLACE	AND DIRECTORS DELETE	13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
-ST ZIF GAINESVILLE FL	ET DOLETE	1.4 CITY - ST - ZIP		D 05 D 4455
	T DELETE	2.1 TITLE 2.2 NAME		Change Addition
1 ADDRESS		2 3 STREET ADDRESS		
\$1.2P	and the contract of the contra	2.4 CITY - S1 - ZIP		
	DELETE	3 1 TITLE		Change Addition
EL ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
S' 70°		34 CITY - S1 - ZIP		
	☐ DELETE	4. 1 TITLE		Change Addition
t Aconocc		4 2 NAME		
E : ACORESS - ST-ZIP		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
191191	DELETE	5 TITLE		☐ Change ☐ Addition
ı		5 SHAME		
ET ADDRESS		5 TREET ADORESS		
\$1-70	DELETE	5 1Y-S1 ZIP 6 TLE		Change Addition
i;	Christia	9 7NE		☐ emide ☐ vocition
EL ALCRESS		6 TREET ADDRESS		
\$1+2I#		5 - ITY - ST - ZIP		
. I do hereby certify that the information supplementify that the information indicated on this	annual report or supplemental a orporation or the receiver or trus	irnished are does not quali nnual report is true and acc itee empowered to execute	fy for the exemption stated in Section 119.07(3)(in surate and that my signature shall have the same this report as required by Chapter 607, Florida S	legal effect as if made under

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR ORIECTOR

Jan. 23, 1496 904-378-0379